



## **Town of Riverhead Building Department**

**755 East Main Street, Riverhead, New York 11901**

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Sharon E. Klos  
Building Permits Coordinator

Richard P. Podlas  
Building Inspector

Richard E. Gadzinski  
Electrical Inspector

Jack Wherry  
Inspector

Mark Griffin  
Inspector

### **Required information to obtain a duplicate Certificate of Occupancy and/or a Letter of Pre-existing use.**

1. Survey showing all current structures on premises.
2. Suffolk County Tax Map number of parcel.
3. Name and address of current owner.
4. Phone number of someone to contact during working hours.
5. Smoke detector/Carbon Monoxide detector affidavit must be completed, signed and notarized.
6. Information sheet must be completed.
7. The fee is \$150.00 per signed Certificate of Occupancy and/or Duplicate Certificate of Occupancy.
8. It takes four (4) or five (5) working days to complete the search.

**Town of Riverhead**  
**Suffolk County, New York**

**Duplicate Certificate of Occupancy and/or a Letter of Pre-Existing Use**

Date: \_\_\_\_\_ TM# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Approved By: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt No. \_\_\_\_\_

I am requesting a letter or pre-existing use and/or duplicate Certificate of Occupancy for the listing below I am requesting it for the following reason:

**Information listed is to determine if a Smoke detector affidavit is required:**

- ☐ Sale of property
- ☐ Refinance of property
- ☐ For my own records
- ☐ Section 8 housing requirements
- ☐ For rental use

Name of person who is requesting information \_\_\_\_\_

\_\_\_\_\_

Property owners name \_\_\_\_\_

Location of property \_\_\_\_\_

\_\_\_\_\_

Suffolk County Tax Map Number: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Telephone number of someone we can contact during working hours:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Sworn before me on this day \_\_\_\_\_

of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_

**Notary Public**

**READ THIS DOCUMENT CAREFULLY  
YOU MAY CONSULT YOUR ATTORNEY BEFORE COMPLETING.**

**STATE OF NEW YORK)**

**SS:**

**COUNTY OF SUFFOLK)**

I, \_\_\_\_\_ and being duly sworn,

deposes and says:

That I am the owner of premises located at \_\_\_\_\_.

Suffolk County Tax Map Number District 0600, Section \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_.

That at least one single station smoke detection alarm device is installed on each floor on the ceiling in this dwelling and that such device is in good working order.

That Carbon Monoxide alarm devices are installed as per Section 378-5a of the Executive Law of New York 2009, which is one for every floor of living space in structure.

That I make this affidavit pursuant to Section R313 of the New York State Residential Building Code and the State Fire Code of New York.

\_\_\_\_\_  
Signature

Sworn before me on this day \_\_\_\_\_

of \_\_\_\_\_ 20\_ \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**